JB DOGM M/047/022	3/7/01
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 	A. Received by (Please Print Clearly) B. Date of Delivery 3-13-0 C. Signature
or on the front if space permits.	Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
LONNIE HOGAN UINTAH CO ROAD DEPT PO BOX 291	VERNA:
VERNAL UT 84078	3. Service Type Mail Certified Mail Express Mail Registered Regurn Receipt for Merchandise Insured Mail C.O.B.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0520 0021 7582 8715	
PS Form 3811, July 1999 Domestic Retu	ırn Receipt 102595-99-M-1789

